

Appendix 2. Focus Group Summaries

The focus groups were designed to bring together program users, family members and caregivers who might not ordinarily participate in a public session and to facilitate a discussion about their hopes, fears and suggestions for the new Medicaid program.

The focus groups were held September 15—October 1 and were organized in conjunction with local human service agencies that recruited participants for us from among their consumer and clients. Focus groups averaged 8-10 participants.

Consumer groups targeted included:

- People with physical disabilities
- People with severe mental health issues
- People with substance abuse issues
- People with developmental disabilities
- The elderly who need long-term care assistance
- Low-income people and people who receive public assistance
- People with limited English speaking ability or cultural barriers to health access.

We held 9 focus group sessions and one set of 10 one-on-one interviews with low-income program users at a community health center. All participants were assured confidentiality.

Summaries of sessions follow.

**Medicaid Focus Group on Developmental Disabilities
Littleton, NH
Conducted by Louis Karno & Company Communications
Attendees: 15**

Summary

1. When you hear Medicaid what do you think of?

- The funds that support the people we serve
- Services for me, for him, for us, for my family
- Payer of the services we use
- Schools where they use the Medicaid money
- People I deal with at DHHS who are very helpful, very compassionate
- Insurance program
- Tool for helping create quality in our family life
- *"Resource the brings together the fractured parts of my life, Medicaid is the glue"*
- Safety net
- Service provider/health insurance

2. What is your involvement?

- Caregivers - Medicaid provides the care for our children and brain injured adults in our care
- Medical care
- Respite care

3. What do you like about the current Medicaid system?

- There are a lot of great people at DHHS a lot of caring people – I do not want to take them out of the equation
- We like what we receive
- Person centered care

4. What do you not like about the current Medicaid system?

- Very hard to figure out – which waivers to apply for it can be very confusing
- *"A lot of my time is spent advocating for services, asking for services, trying to get services, this is all time that I would rather have spent caring for my family member."*
- The waitlist
- Too many appeals
- Prior authorization for brand name medications – this can jeopardize patient care
- Medicaid transportation

5. What do you want to see?

- Preventative dental
- More coordination between the pieces
- An internally grown and developed solution
- *"I have fear that an out of state provider will not have similar values to what we have, services that make sense, individualized programs"*

6. In any new system, what must it have?

- Ability to see who you want to see
- Ability to maintain presence in community
- Appreciation of the rural areas in NH
- Respite, support for the schools
- More choice – *"either specialists don't exist, or they don't take Medicaid"*
- Self determination - Individualized opportunities to determine how to use these monies, respite etc.
- Trust that the guardians and the families are the best voice for their family members
- Protect and maintain current best practices model as opposed to a costs driven model
- Maintain the autonomy of the doctors/professional in concert with the recipient and the families.
- Must be reimbursed at a rate that is acceptable
- Needs to be some program to hear about both the good and the bad from real consumers about what work – periodic surveys/in depth analysis – that they give feedback to the managed care companies and the legislators, build in a qualitative analysis on the program that is part of the program from the beginning
- Needs to be a method of recourse for families to appeal decisions – someone with the power to make a change
- Maintain the mileage reimbursement for transportation – need to travel so far, both for the consumer and the provider who is providing in home services

7. How do you incentivize a focus on quality of life?

- Show that not providing supports is more costly in the long run
- Need to be able to prove their outcomes - and there needs to be costs if they do not achieve
- *"The managed care company should be person centered from the start and this should be reflected in the contract."*

8. Could an area agency be a medical home?

- *"This would make me more comfortable -- I would prefer it to be someone who knows the population, knows my situation – they have the 1:1 contact with the families."*

9. What are the inefficiencies in the system?

- Yearly recertification for certain individuals is not necessary – this can be streamlined – perhaps by requiring something from a notary.
- State does not use technology to its full use
- Income forms are not useful for children
- Federal mandates require an enormous amount of paperwork.

Medicaid Focus Group for Elderly/TANF Providers
Berlin, NH
Conducted by Louis Karno & Company Communications
Attendees: 5

Summary

1. When you hear Medicaid what do you think?
 - Choices for Independence program formerly HIC/PIC
 - unwieldy system
 - more about denying services than giving services
 - difficult to access
2. What do you like about the Medicaid program?
 - Provides a lot of relief for dual eligibles
 - I like Healthy Kids - Equitable to private Health insurance, application was easy, responsive people – great standard of care
 - Ease of use – once you are in
3. What do you not like about the Medicaid program?
 - Eligibility should more closely coordinate with other federal programs – if you are deemed disabled you should be able to apply for Medicaid
 - Eligibility process is cumbersome and complicated
 - Spend down is very confusing and communication between state and consumer is not seamless
 - “People who pull out because they cannot understand it.”
 - Communication falls down with the overworked DHHS folks
4. Ways to improve or streamline Medicaid?
 - Improve communication as to what everyone does
 - Better leverage those organizations that help to link services (ServiceLink)
 - Lots of times there are many spokes with the Medicaid program at the center.
 - Improve relationships between the case managers and DHHS
 - Improve transportation, better coordination
5. Where is the waste?
 - Using the ER when a Dr visit would suffice.
6. What is a person’s role in their health care?
 - People need to be made to understand they have a role.
 - Young people to utilize the system properly
 - Older people to use the system earlier to keep themselves healthier longer
7. How do we let people know?
 - Medicare does a great job – follow what they do

- TV advertising
- More outreach from the Servicelinks/Home visitors – train the trainer – maybe certified Medicaid benefits specialist
- Establish a Trained Medicare Specialist training program– 40 hours/8 annually + other classes

Medicaid Focus Group on Behavioral Health and Substance Abuse
Dover 9/22/11
Conducted by Louis Karno & Company Communications
Attendees: 8

Summary

1. When I say Medicaid, what's the first thing that comes to your mind?
 - Health insurance
 - Safety net
 - Welfare
 - Health care
2. How frequently do you use services?
 - Daily (medications/functional support staff)
 - Weekly (case manager/counseling)
3. What do you like about the current NH Medicaid program?
 - "I like that it helps pay for medication, without it I could not access the new medications."
 - "I like the people it helps"
 - Covers medications, so I can feel better, do better
 - Love the doctors, love the social workers, love the case managers.
 - Entitles me to get services, therapies, medications, hospitalizations
 - Community services for people to remain in their homes
 - Care coordinators understand and help
4. What do you not like about the current NH Medicaid program?
 - Worrying about losing services
 - Worrying there will be pressure on the doctors and the other care givers to say what is needed? What is my recourse?
 - As an eligibility person I see people who are just on the fine line – but cannot get access to services. Could we have some short term Medicaid help?
 - No access to dental services
 - Instability – "I moved here recently from Maine – transition from Maine care to Medicaid – only see case manager for 15 minutes a month, in Maine they were a central member of your team." Things keep getting cut.
 - So many changes – people with mental illness struggle with change – this can really impacts their personal stability
 - Does not seem to allow coverage for preventative care, surgeries are paid for
 - Too much time spent on issues – not time spent on my recovery
 - Almost impossible to reach a DHHS case worker in the local office – called for days and days and days without a response.

- “DHHS case workers do not have the time – case load is outrageous, 3 years ago I had 380 now I have 800 cases – there have been technology changes, but 800 is too many”
 - Completely a reactive situation, problems get compounded and more expensive
 - Limited accessibility of private providers
 - More difficult to get into clinics with Medicaid
 - Reduction in Medicaid beds for nursing home patients
 - Don’t like spend down- I do not hear that I have met my limit until it is too late.
 - I lost my functional support person – I need to meet the spend down to get my meds – so a good thing becomes a negative.
 - “I am made to feel less – and that is a horrible way to be.”
 - Functional support person, case manager – helps me to navigate the red tape, helps with paperwork, which is a real challenge.
 - “People like me count on you.”
 - Concept of being squeezed is everywhere, and it is getting worse. “It is getting harder and harder with less to motivate us.”
5. What is the solution for the overwhelmed case manager?
- We need more people, but the job is so hard, because I want to help people, but my hands are tied
 - “I cannot address the incoming load and maintain the cases I have.”
6. If you were in charge what features are most important to you?
- “Treat me like a person not like a number.”
 - Let me keep my doctors, consistency in providers
 - Expand eye care and dental coverage - some of my medications impact my teeth – “I can’t help that.”
 - If you are on Medicaid – these are your 8 frames, no special frames/lens - “You are a non person.”
 - Falling through the cracks is not acceptable – this is happening more and more – these cracks are getting wider
 - Make sure that people are not put backwards by having to change doctors, or medications.
 - Single payer system – where everyone would have the same coverage as state employees
 - Need to focus on preventative services, SA, dental, MH counseling
 - Enrollment should be similar or tied to Medicare
 - Don’t make it all computerized

7. What are your concerns?
 - This is the privatization of a state benefit and I worry that this will be more expensive in the long run – these decisions might be profit driven
 - I do not want to lose the doctors I have
 - Being told who to choose brings more of a stigma to my illness
 - Financial gentrification – pushing the poorest, most needy to a specific set of providers.
 - If I lost my providers I would really suffer.
 - Push toward all generics - generics are not always the best option, but they are pushed when they become available – this might not always be the best option for the individual.
 - “The lack of information only increases my fear – I need time to process this, I need to understand this.”
 - “I am petrified of falling through the cracks in this system.” – changing my medications, changing my doctors, changing my social workers
8. What would help you to understand the change?
 - Information from many sources
 - Local forums for consumers
 - More smaller group discussions with people who can answer the questions.
 - “If you are changing the paint – no sense in changing, but if you are changing Medicaid to allow patients to do better for themselves – then that is great, but communicating to clients must be critical”
 - “Feels like it is for the corporation, not the client.”
9. Who will you ask to get your answers?
 - Area agencies - Case managers, social workers
 - MH provider (community partners)
 - Would like to be able to call DHHS, but they refer to Medicaid Client Services and there are no answers
 - “Clients are run around in circles not a straight line to anything”
10. What is your responsibility in maintaining your own health and well being?
 - “I am active in my own recovery, I do not always like it, it does not often feel fair, I did not ask for this, I did not want to be born this way, I have been challenged more to be more involved in my care and I think that has been good, but there are times when I cannot.”
 - “I have learned that I can only depend upon myself. There was more before that there is now – you could depend on your team, but I would not depend on any team now – if help comes your way that is great – but it is really myself and my family, if I get extra help I am happy, but I cannot depend on it – so I do not. It has made me more independent.”
 - “You are responsible, but you thank god for your family, for your friends, doctors and case managers who are connected. “

- “Without friends and family I would not have been able to do this, I take responsibility, but those who need the help may not know they can reach up for it. There are some who can and some who cannot and that is why the safety net must be there.”
- “It changes dramatically as things go, but I try to take as much responsibility as I can and then take another 2 steps and see how it goes, then start again.”
- “My responsibility is to keep myself updated – on my health care – how I access it – need to know about the enrollment period, need to make sure that the case manager supports me.”

Medicaid Focus Group for Developmental Disability Consumers
Community Bridges, Concord
Conducted by Louis Karno & Company Communications
Attendees: 12

Summary

Current State

1. When I say Medicaid, what's the first thing that comes to your mind?

- Trouble
- Healthcare for people that cannot afford it
- Salvation for child
- HealthcareX2
- Supplement, even though we have healthcare
- Healthcare with no deductibles
- A lot of work, feel like I have to be involved on receiving end

2. How frequently do you use services paid for by the NH Medicaid program?

- Developmentally challenged Grandson that is 47 year old uses it everyday, every hour.
- Ten year old son, supplement for additional costs. Once to twice a month or up to half dozen depending on needs of child.
- Daughter uses it constantly
- Two to three times a month for son
- Every 3 months to neurologist, once a year to PCP for prescriptions and check up
- Every six months for self, for daughter every day, every hour
- Have other insurance but have six children on Medicaid, use Medicaid at least several times a month to supplement high co-pay and other expenses
- Would use more frequently but hitting a wall, not enough providers in SW NH. Would be more convenient to go to Boston but cannot

3. (If family member/parent/caregiver) Who uses services paid for by the NH Medicaid program?

- Grandson
- Son X 3
- Daughter X 3
- Six children

4. What do you like about the current NH Medicaid program?

- Fortunate to have Gateways for agency, great vendor that cares. They are a helpful buffer to understanding the system
- Institute for Professional Practice very helpful
- Ten years no problems, like the usability
- Solve problems before they occur, knowledgeable people that know the system help immensely
- Without area agency would be much more difficult to use. Act as; educator, informer, filter
- Allows for certain level of comfort and peace of mind
- Positive results for 20 years, if not broken why fix?
- Sense of community with providers in Rochester, know daughter personally
- Bonus on top of preexisting insurance
- Transition from student, to adult to SSI was seamless
- Have built a framework around son so know that when we are gone he will still be provided for and in good hands

5. What don't you like about the current NH Medicaid program?

- Fed up with lack of transparency
- **Need** the system more than **like** it
- Not advisory, have to dig and crawl to find way through confusing system
- People that are on other end answering questions do not know the system well enough to help
- **No communication between agencies**, they do not help one another and in turn give different responses to same question
- **No coordination**
- When trying to use as supplement, doctors often don't accept
- **Can never get in touch with agency, and never get calls back**
- Overworked, underpaid agencies do not have means to provide for so many clients
- Too much paper work
- Eligibility process is daunting
- Look for smallest reason to stop use of system, all for monetary gain instead of providing humanity-based services
- Intrusive phone calls asking personal questions about myself (not daughter that is on the program)
- Too much incentive to reduce nursing hours, looking for opportunity to place blame on parents to reduce costs

- Negativity within the program towards own coworkers increases anxiety that they are not on the same page/providing best service possible
- Often not enough or any notice of changes to system (**Lack of transparency**)
- Child with genetic disorder has been on since two-years old, will not go away when becomes adult so why changes to services? Painful to rehash all the problems with child when I do not consider my child a problem whatsoever
- Need more communication between SSI and Medicaid, in same building but on different pages

Future State

The State of New Hampshire is designing a new Medicaid program featuring a Managed Care model. This means that there will be some changes in how the program operates.

These include having a private insurance company administer the program for the State and having a local health care provider oversee all the health care and other medical services that you receive through the program.

6. If you were in charge of designing the new Medicaid program, what features would be most important to you?

- Quality of services cannot change, if anything must be bolstered
- Do not rush the process of reconfiguring system of managed care after we have built these relationships for years
- Nurses that call should be in-state, at least New England so know area (Overseas call centers must be abolished)
- On-call nurse follow ups very intrusive at times, "I notice you had this test done...". Called school to find out that cafeteria provided ample nutrition and so stopped payments for feeding tube equipment. Son was on feeding tube, and so could not eat lunch
- MA hospitals need to accept NH Medicaid (Worcester, Boston). No restriction based on state lines
- Easier referrals, access to services
- **Family input needs to play a larger role**
- Managed care or providers should never overrule doctors that are most qualified to treat illness
- Pursuing quality and pursuing cost have to be juxtaposed so as to be careful to get tertiary plan (as opposed to managed care plan this is reluctant to go out-of-state)
- **Advocate a family center, state-wide, quality assurance committee**

- New plan needs to be put into tangible record so can read and try to understand
- Those that are paying (attendees) must have say in program as to assure that quality does not reduce as to save money
- Patients treated on per-case basis instead of just under general umbrella of disease that can vary greatly
- Need solid grievance process
- State should consider taking control of programming instead of disparate third parties (Like VT)
- Prior authorization process needs to be changed

7. What waste of inefficiency do you see in the current program that should be eliminated in the new one?

- Excess utilization, need to consult doctors that know what they are doing
- Money goes through too many hands before being allocated to where it needs to go
- Too many agencies and committees that take money away from program
- **Spending on patient needs to be on individual basis**, spend too much when do not have to because there is vague description of care for disease with varying levels of severity (autism etc.)
- Prior authorization process needs to be changed

Final Notes:

- Want to be assured that voices are heard, how do we know that the results of these forums are put to use?
- Truly comes down to system based on money, these programs changing will directly influence some more than other.
- Tax base should be considered and not placed on the homeowners.
- Do not forget that this is a political process, if you think it is being rushed make sure to point out to those making decisions this has to be a tedious, carefully drawn out program/process.
- Executive council oversees all changes. We have slaved to create this program as it is today and must recognize have to stay involved in process.
- While designing this program, while everyone is thinking about this, please remember that we would like to be treated with respect more than anything.

Medicaid Focus Group for Elderly Long Term Care Issues
Claremont, NH
Conducted by Louis Karno & Company Communications
Attendees: 1

Summary

1. When I say Medicaid, what's the first thing that comes to your mind?
 - All kinds of stuff, deal with all of Medicaid, applications screening deal with it all
 - What about non medical transportation –
2. What do you like about the current NH Medicaid program? What do you think works?
 - Spend down programs exist for folks who would not otherwise be eligible, but this is not well explained
 - DD waiver works much better than elderly and adult services and disabled
 - Majority of my clients are duals, however – or they are in the 24 month window to become a dual
3. What do you not like about the current NH Medicaid program?
 - Very confusing – what is covered what is not covered, spend down is not clearly explained, eligibility – a lot do not understand the deductions – standard number versus actual number –
 - Dental not covered – and other areas that are related to dental – what could be eliminated if dental were covered in terms of what could be avoided
4. Where do you see waste/repetition?
 - Too much paperwork – a lot of automatically generated notices, applications only good for 30 days – sometimes an appointment is not until 3 weeks later – then it falls off. Would be helpful to have a scanner to be used by the providers – do not need to use the postage/envelopes etc. 5 days out for that – then it can be 3 weeks until the notice comes out – then the system generates a notice – this brings about alarm to the clients. Adds to the confusion for clients already in need of assistance.
 - Trying to get through to someone on the phone – even for simple questions – cannot reach district office, voice mail is full, no return phone calls
 - Here is Claremont – at least 400 vacant caseload – overworked and cannot meet the need. Only one long-term care person. Simple question like is my Medicaid open? Cannot get it answered

5. If you were in charge what features are most important to you?
 - Something they could feel that they had access to, control of there information, NH EZ can it show me my spend down? Check the status of their ATPD application, more and more people could use an online system – if it were easy to use – they would use it Lower than an eighth level. A lot of the SSI population – can use their computers, they just need it to be easy to understand. If easy to understand then they will do it -
6. What are your concerns?
 - Most people have no clue – wait and see what happens – if it impacts me they will let me know – there is a lot of concern about losing benefits – but this is in the context of SS, Medicaid they are seeing so much change
7. What can be done to help you and your clients to understand this?
 - Need to be kept up to date on what is happening, need to understand what is happening – not enough communication – have access to New Heights and that helps – email is a good channel to get information. DHHS website is not user friendly – I cannot find things on the website – especially forms.
8. What is your responsibility in maintaining your own health and well being?
 - Many operate doing what the Dr. says, the emerging Medicare population is more informed, the young people are wanting to tell their Dr what they want.

**Medicaid Individual Interviews with Parents with Children using Medicaid
Somersworth, NH
Conducted by Louis Karno & Company Communications
Interviewees: 10**

Summary

We interviewed 10 parents (8 moms and 2 dads) of young children one-on-one at the Goodwin Community Health Center. Most were in their early 20s.

After delivering their children, most of the moms were no longer enrolled in the Medicaid program. Their children were covered by the Health Kids insurance program.

- For the most part, all of the parents were happy with the Healthy Kids program and felt that it worked well. Most had children with no unusual or chronic medical issues. The program paid for their well child visits and basic care like antibiotics. Parents were grateful that their children were covered.
- The major complaint from a few was about the complexity of the recertification process. One mom, approximately 40 with an 18-year-old son receiving medication for his bipolar disorder, was terrified of any delay in her recertification because it would mean a disruption in her son's medication. (She was covered by Medicaid as well as her son and had a number of chronic health issues.) Instead of mailing or dropping off the forms at the local district office she would typically wait at the office for 4-5 hours to hand her paperwork in and have someone check it in front of her to make sure she wasn't missing anything. Lately, with cutbacks in staffing she had waited only to be told that no one had the time to check the forms for her on the spot and that she should just put them in the drop off box.
- As we had heard from other user groups, a dental benefit for adults was a desirable feature.
- Most interviewees reported using the hospital emergency room 1-2 times in the last year for medical care for their children. The more children they had, the more frequently it seems they were likely to use the ER each year.
- While some of the people we spoke with had Internet access, universally their preferred way to receive information about the Medicaid program was in the mail.

Medicaid Focus Group Summary (organized in conjunction with Granite State Independent Living)
Portsmouth, NH
Conducted by Louis Karno & Company Communications
Attendees: 20

Summary

1. When I say Medicaid, what's the first thing that comes to your mind?
 - State funded medical insurance
 - The PCSPs and PCAs that allow me to get out into the community
 - Yin/yang. The great things that it gives me/and great fear
 - Red tape regulations
 - Independence
2. What do you like about the current program?
 - Not needing referrals
 - Fills in the holes in my coverage (private insurance, Medicare)
 - Some features are now Online – ease of use and less stress
3. What don't you like about the current NH Medicaid program?
 - Poor communication
 - Difficult to understand eligibility
 - Difficult to navigate the system, Challenge to get to the right person, front line staff can be difficult, many delays
 - Stigma of being a Medicaid recipient
 - Lack of respect by providers
 - Can be difficult to see out of state specialists
 - Need more consistency as to provision of care
4. What would you like to see in a new plan?
 - Spouses can serve as PCAs for pay
 - Person centered care
 - If there must be a gatekeeper, make it a medical professional
 - Preventative care must be prioritized (dental care, behavioral health care).
 - Dental Care
 - Individual voice and choice of the consumer
 - Transportation must be provided to get people to and from appointments and care
 - Continuity in the system – "I require a physical to get my services but Medicaid will not pay for a yearly physical"

5. What waste do you see in the system?
 - Being forced to apply for food stamps – “I don’t want them – these could be better given to someone more needy, but I have to apply and then receive the minimum \$16/month. it is a slap in the face and some mother with young children could better use them.”
 - Why are there so many case managers for my husband? “Too many people involved in each case, but not enough staff to get back to clients in a timely manner”
 - Medical supplies keep coming when they are not needed – people try to cancel them as they cannot use all that they are allotted but they cannot change it
 - Lack of foresight in care “Why do I need to develop a very serious sore before I am able to get the right level of padding for my chair?”
6. What do you not want in a new plan?
 - Concerns on limitations that might keep an issue around when a more aggressive treatment might solve the problem
7. What is your part in managing your own care?
 - Keeping yourself as healthy as you can
 - Consolidating visits to maximize the transport costs
 - Keep yourself educated on your own medical situation so that you can be the best informer for your doctor
8. What can be done to make it easier for you to understand how to use Medicaid?
 - Annual Medicaid book (a handbook)– similar to the Medicare book that tells what you can or cannot have – a user manual - easy to use available in different formats
 - Something that clearly and easily shows the eligibility determination
 - Searchable DB of doctors - Physician referral number – who is available and who is taking patients
 - Case managers should not change so much
 - Medicaid Ask a Nurse informational number – possibly link in or leverage local provision like GSIL
 - Different ways to contact for different needs a number for time sheets questions for example.
 - A Secretary to answer the phone – a way to reach someone
9. Potential rebranding -- new program names
 - NH CARES
 - Take Med out of the title
 - Avoid confusion between Medicaid and Medicare
 - NH UNICARE. NH CHOICE

**Medicaid Focus Group for Elderly
Salem, NH
Conducted by Louis Karno & Company Communications
Attendees: 6**

Summary

1. What is your experience with managed care?
 - Confusion about what is in and out of network – a lesser plan
 - “My experience has been that the doctors I need for my parents care are not in the loop – and the ones that are, are not really good doctors.”
2. When I say Medicaid?
 - Spend down
 - *“Complicated, overwhelming, convoluted, different answers from different people, you head down one path – then you get incorrect information”*
 - Inaccessible – people do not return phone calls or messages – no one works well together – very specialized – cannot get questions answered
3. What works?
 - Choices for independence program- like this option
 - *“We have not met a bad person in the whole system.”*
4. What does not work?
 - A lot of bureaucracy
 - *“We have a case manager – who is as frustrated and confused as we are.”*
 - Lack of consistency “I am on my third Medicaid representative in 6 months”
 - Access is complicated and providers can talk in circles.
 - Spend down is too complicated – and it depends on who you talk to – call it what it is – call it a deductible – and be clear about what is covered.
 - No Doctor choice for nursing home patients.
 - *“If I did not have ServiceLink I would have jumped.”*
 - *“If you don’t have an advocate forget it.”*
 - It is impossible to get the information into the system
 - *“I did not like having to do bring in my Senator to get attention.”*
 - It is hard to get in, but once approved, you do not know what the system has to offer you.
 - “Don’t ask don’t tell – if you did not ask you did not get the service.”
5. What are the must haves for a new system?
 - Simplify, Make it user friendly
 - Dental coverage
 - Need to be sure that there are a variety of high quality specialists

- “Make it easier for us to keep people at home.”
- Clear communication on what is covered in the spend down
- *“I have a case manager can we make sure that they are educated on the rules and regulations – they are confused too.”*
- *“Bring everyone together and get them on the same page, so we can get the same answers.”*
- Continue to seek feedback as you implement phase 1 and are moving forward.
- More support for day care programs.
- Incentives for Doctors to participate in the program
- *“I would like a guidebook of how to start to engage with the system.”*
- Need for a flowchart on how to navigate the system.
- Put a human being on the other end of the phone.
- Reduced caseload for the caseworkers.
- Streamline recertification –Fair to review the financials, but when someone is clearly not going to get better is it necessary to restate that every time?

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 - No Doctor choice for nursing home patients.
 - *“If I did not have ServiceLink I would have jumped.”*
 - *“If you don’t have an advocate forget it.”*
 - It is impossible to get the information into the system
 - *“I did not like having to do bring in my Senator to get attention.”*
 - It is hard to get in, but once approved, you do not know what the system has to offer you.
 - “Don’t ask don’t tell – if you did not ask you did not get the service.”
5. What are the must haves for a new system?
 - Simplify, Make it user friendly
 - Dental coverage
 - Need to be sure that there are a variety of high quality specialists

- “Make it easier for us to keep people at home.”
- Clear communication on what is covered in the spend down
- *“I have a case manager can we make sure that they are educated on the rules and regulations – they are confused too.”*
- *“Bring everyone together and get them on the same page, so we can get the same answers.”*
- Continue to seek feedback as you implement phase 1 and are moving forward.
- More support for day care programs.
- Incentives for Doctors to participate in the program
- *“I would like a guidebook of how to start to engage with the system.”*
- Need for a flowchart on how to navigate the system.
- Put a human being on the other end of the phone.
- Reduced caseload for the caseworkers.
- Streamline recertification –Fair to review the financials, but when someone is clearly not going to get better is it necessary to restate that every time?

Medicaid Focus Group For Non-English Speaking Users
Lamprey Health Center, Nashua, NH
Conducted by Louis Karno & Company Communications
Attendees: 7

Summary

(This focus group was conducted in Brazilian Portuguese with the help of an interpreter.)

1. When I say Medicaid, what's the first thing that comes to your mind?
 - Assistance for medical care with low payments,
 - Security knowing that whenever children are sick, they will receive treatment,
 - Two children without Medicaid and she has seen how difficult to receive ample treatment,
 - Two children without Medicaid or insurance, so when problems do arise there are a lot of out of pocket expenses,
 - Keeps children healthy (preventative care),
 - Daughter has asthma but feels secure knowing daughter can go to ER or receive service if they must,
 - Security blanket, knowing can go to doctor if must.
2. (If family member/parent/caregiver) Who uses services paid for by the NH Medicaid program?
 - Children
3. What don't you like about the current NH Medicaid program?
 - Lot of paperwork every year that I must do, extensive and repetitive,
 - Son had several calluses, was given prescription. Does not cover the band-aids but the medication was covered (\$35 dollar unforeseen expense when going to pharmacy),
 - Need to know when I need to spend money, unknown costs need to be stated,
 - Accessible Literature should outline exactly what I must spend out of pocket, on Medicaid because I cannot afford healthcare and other expenses so every expense adds to tight budget,
 - Need to be place where I can read the outline of program
 - Literature needs to be in Spanish and Portuguese (language barrier is a serious hindrance for both sides effectiveness. Wasted extensive amount of time/money for provider),
 - Spanish is too vague, not similar to Portuguese and deters clear communication,
 - Daughter is going to be one years old, if I need to call anyone there is

no one there to speak to that can help me. If something serious happens we will not be able to convey the issue

- Large population of Portuguese in Nashua and Manchester, up to six thousand users of health center just in Nashua (Language barrier),
- Last time I needed to see specialist at Hitchcock, interpreter first two calls then the final call no one there to help and could have no communication.
- Mandatory to have an interpreter but there was none there (DH in Manchester). Language barrier first and foremost concern as it causes severe lack of communication. Non-human translators (Google translation) not effective and often misinterpret certain words and phrases.

4. If you were in charge of designing the new Medicaid program, what features would be most important to you?

- No pediatric care at health center in Nashua, should have access to specialists,
- Health center (Nashua) is very helpful, make sure to keep that service accessible,
- When baby is born, information is given to mother and family to inform them of implications and how to ascertain Healthy Kids (keep this service),
- Health center is community partner with Healthy Kids so the information is prevalent and given out each time child is born or when pregnant woman comes into health center,
- Happy with Medicaid program now so just make sure not to reduce effectiveness of the program, if anything make it better.

Extra Notes/Concerns at Conclusion of Focus Group

Do any of you (the participants) have health insurance?

- None have health insurance,
- Get help at the Health Center
- Financial assistance for parents, children get Medicaid.

Does your jobs provide any form of health insurance?

- None have it and none know where any of friends or family can attain health insurance from occupation.
- Why renewing Medicaid once a year, seems like should be less frequent if conditions do not change. Lot of paperwork especially when only one or two translators for so many users.